

FEDERAL SECURITY AGENCY  
 National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No.

37919

FILED DEC 2 1948

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10099

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1129 N. 9th St  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community \_\_\_\_\_  
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME

William Brown

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 491-12-5273

4. Sex Male 9. Color or race Col  
 5. (a) Single, widowed, married divorced Married  
 6. (b) Name of husband or wife Fannie Brown  
 6. (c) Age of husband or wife if alive 11  
 7. Birth date of deceased \_\_\_\_\_  
 (Month) (Day) (Year) 1896

8. AGE: Years 52 Months 6 Days 8  
 If less than one day hr. min.

9. Birthplace Forrest City Ark.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business

12. Name George Brown  
 13. Birthplace Miss  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Un Known  
 15. Birthplace Ark.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Fannie Brown  
 (b) Address 1129 N. 9th Street

17. (a) \_\_\_\_\_ (b) Date thereof 11-26-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Forrest City Arkansas

18. (a) Signature of funeral director Jus. Lowe  
 (b) Address 2930 Dickson St.  
NOV 22 1948

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1129 N. 9th Street  
 (If rural, give location)  
 (e) Citizen of foreign country? 25 (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11th day 19th  
 year 1948 hour 10 minute 15 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_

23. Signature Calvin E. Smith (M. D. or other) \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4049 St Ferdinand

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**